



CALFRESH CASE REVIEW FORM INITIAL APPROVAL

VALID _____ ERROR _____

NAME (LAST) (FIRST)		CASE NUMBER	SAMPLE#
ANALYST		DATE	REVIEW MO/YR
COUNTY	WORKER NAME		

REASON:

Initial Approval:

1. Is the application available in the system?

Application Filing Date _____

Application Type (e.g. online, mail) _____

Application Signature: Paper/Telephonic/ Electronic/Online

Language Preference _____

YES NO N/A

2. Screened for Expedited Service (ES)?

Eligible for ES?

Processed timely per ES standard (3 days)?

ES case narration?

3. How was the household informed of their interview?

(e.g. appointment letter, telephone) _____

Interview Date _____

Telephone Interview?

4. Date of Notice of Missed Interview (NOMI) _____

Compliance date _____

5. Date of CW 2200 _____

Given 10 days to provide verification?

Verification Due Date _____

Date Verification Received _____

6. Was the budget calculated correctly?

7. Approval Date _____

Application Processing Day (1-30) _____

Processed timely per regular standard (30 days)?

Was a NOA sent?

8. Date Benefits Available _____

Benefits Prorated Correctly?

Benefits after the 15th?

9. Was there case narration?

Was the case narration sufficient?

10. Were notice(s) dates correct? (NOMI, CW 2200, etc.)

Sent in correct language?

COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation)